PART B - FEE(S) TRANSMITTAL

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| APPLICATION 1 | NO. FILIN | FILING DATE FIR | | ST NAMED INVENTOR | | OCKET NO. | CONFIRMATION NO. |
|---|--|--|---------------------------------|--|---|---------------------|------------------------------------|
| 10/705,837 11/13/2003 | | 3/2003 | Damien GALAND | | Q78254 | | 4888 |
| TITLE OF INVENTION PROTOCOL | N: NETWORK LE | VEL ADMISSION CO | NTROL APPARA | ATUS FOR A | COMMUNICATION | NETWORK HAV | 'ING A SUB-IP LEVEL |
| APPLN. TYPÉ | SMALL ENTITY | ISSUE FEE | PUBLICAT FEE | ION PREV | . PAID ISSUE FEE | TOTAL FEE(| S) DATE DUE |
| nonprovisional | NO | \$1510.00 | | | \$0.00 | \$1,810.00 | 11/25/2008 |
| EXAMINER | | | ART UNI | T CLA | SS-SUBCLASS | | |
| F | 2616 | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1. Change of correspon | dence address or ind | ication of "Fee Address" | (37 CFR 1.363 | 2. For printin | g on the patent front p | age list 1 | Sughrue Mion, PLLC |
| ☐ Change of correspondence address (or Change of Correspondence Ad PTO/SB/122) attached. | | | | form (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2 | | | |
| ☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB 03-02 or more recent) ATTACHED. Use of a Customer Number is required. | | | | member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be | | | |
| 3 ASSIGNEE NAME | AND RESIDENCE | DATA TO BE PRINTE | D ON THE PAT | printed. ENT (print or t | vne) | · " | |
| recordation as set forth (A) NAME OF ASSIC ALCATEL | a in 37 CFR 3.11. Co SNEE (B) RESI Paris, Fr | mpletion of this form is DENCE: (CITY and ST ance | NOT a substitute ATE OR COUN | e for filing an as TRY) | signment. | | e document has been filed for |
| 4a. The following fee(| 4b. Payme | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | |
| ☑ Issue Fee | ☐ A check | ☐ A check is enclosed. | | | | | |
| ☑ Publication Fee (No | □ Paymen | ☐ Payment by credit card. Form 1310-2038 is attached. | | | | | |
| ☐ Advance Order - # 6 | | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880. | | | | | |
| | | | | | d and authorized to clit any overpayments t | | fees to Deposit Account No. count. |
| 5. Change in Entity Sta | | | _ | | | | |
| • • | | atus. See 37 CFR 1.27. | • • | • | er claiming SMALL E | | |
| | | | | | | | application identified above. |
| | | (if required) will not be the United States Paten | | | the applicant; a regis | tered attorney or a | agent; or the assignee or other |
| Authorized Signature | | | | Date | | November 21, 2008 | |
| Typed or Printed Name Kelly G. Hyndman | | | | Registration No. | | 39,234 | · |
| Modified PTOL-85 (R | ev. 08/08 Approved | for use through 08/31/20 | 010. | | 11/24/2908 | SZEWDIES 00000 | 062 194880 10705837 |
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